

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N27625 (5)
1. Corporation Name
LAND O' LAKES CHURCH OF THE NAZARENE, INC.



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| Principal Place of Business 4241 ALPINE ROAD LAND O' LAKES FL 34639 | Mailing Address 4241 ALPINE ROAD LAND O' LAKES FL 34639-4020 |
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| 3. Date Incorporated or Qualified 07/27/1988 | 3a. Date of Last Report 04/29/1996 |
| 4. FEI Number 59-3019176 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country | 2a. Mailing Address 25 Suite, Apt. #, etc 27 City & State 29 Zip Country |
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| 9. Name and Address of Current Registered Agent BARTON, DAVE 4241 ALPINE ROAD LAND O' LAKES FL 34639 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARTON, DAVE | 1.2 NAME | |
| STREET ADDRESS | 4241 ALPINE RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAND O'LAKES FL 34639 | 1.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARTON, MARY | 2.2 NAME | |
| STREET ADDRESS | 4241 ALPINE DR. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAND O'LAKES FL 34639 | 2.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LILLIAN Y. FONTANEZ | 3.2 NAME | |
| STREET ADDRESS | 22701 WATERS EDGE BLVD. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAND O LAKES FL | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRISBEN, ALFIE | 4.2 NAME | |
| STREET ADDRESS | 12008 ROBINHOOD RD. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | HUDSON FL 34869 | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dave Barton* Date: Apr. 30, 1997 Daytime Phone # 0067896

CR2E037 (9/96)